Case Number:	CM14-0108232		
Date Assigned:	08/01/2014	**Date of Injury:**	12/17/2013
Decision Date:	08/29/2014	**UR Denial Date:**	06/12/2014
Priority:	Standard	**Application Received:**	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female with an injury date of 12/17/2013. According to the 05/28/2014 progress report, the patient complains of neck pain and lower back pain. Tenderness along the lumbar spine is noted, with loading the facets from L3-S1. Sensory is also decreased at C6-C7 and C7-T1 dermatomes in the left. Grip is very weak, and facet loading is positive from C3-C7. The 02/03/2014 MRI of the lumbar spine shows a disk bulge at L4-L5 and L5-S1 with mild foraminal narrowing at L5-S1 and some narrowing on the left at L4-L5. The patient is minimizing chores and has limitation with sitting, standing, walking, and reaching overhead. She cannot lift more than a few pounds. The patient's diagnoses include the following: 1. Discogenic cervical condition with MRI pending. Facet loading being positive and shoulder girdle involvement noted. Nerve studies are not available at this time. 2. Discogenic lumbar condition with MRI showing the disk disease from L4-L5 and L5-S1 with positive facet loading. EMGs are not available at this time.3. Weight gain of 5 pounds. 4. Issues with sleep.The request is for the following: 1. Electromyogram of the bilateral lower extremities. 2. Nerve conduction velocity studies of the bilateral lower extremities.The utilization review determination being challenged is dated 06/12/2014. Treatment reports were provided from 01/02/2014 - 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electromyogram (EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 05/28/2014 progress report, the patient presents with neck pain and lower back pain. The request is for an electromyogram of the bilateral lower extremities. There were no previous EMGs conducted. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with lower back symptoms lasting more than 3 or 4 weeks." The patient has mentioned persistent pain in the lower back in every progress report since 01/02/2014, lasting more than 3 to 4 weeks. An EMG may help uncover focal neurologic deficit. Recommendation is for authorization.

Nerve conduction velocity studies (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies:Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

Decision rationale: According to the 05/28/2014 progress report, the patient complains of neck pain and lower back pain. The request is for nerve conduction velocity study of the bilateral lower extremities. There were no previous NCV studies conducted. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies; "not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate the neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." The treater does not mention any concern regarding the patient's lower back pain. In this situation, NCV studies are not recommended per ODG Guidelines. Recommendation is for denial.